

DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization) PM 1.17.02
2008 JAN 22 11:01 AM
DELAWARE COUNTY REPUBLICAN CENTRAL COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 4
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party (if applicable)
Office Sought	District (if Senate or House)

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>5</u>	<u>9057</u>
Logged In <u>5</u>	
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

William A. Peyton

SIGNATURE OF PERSON FILING REPORT

(563) 927-4194

TELEPHONE

1/19/08

DATE SIGNED

I AM FILING A 1/19/08 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

3,338.29

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,569.03

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

8,907.32

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,888.33

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$

6,018.99

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

\$

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/23/07	ID# CK#	MICHELLE HARRIS 2286 110th AVENUE MASONVILLE, IA. 50654		\$ 10.00	<input type="checkbox"/>
	ID# CK#	CARLA BECKER 901 SHERMAN AVENUE MANCHESTER, IA. 52057		20.00	<input type="checkbox"/>
	ID# CK#	STEVE INTORF 307 GAY STREET DELHI, IA. 52223		11.00	<input type="checkbox"/>
	ID# CK#	DOUG ROBBINS 144 CLARA AVENUE MANCHESTER, IA. 52057		20.00	<input type="checkbox"/>
	ID# CK#	TERRY GRIFFITH 2142 210th STREET MANCHESTER, IA. 52057		24.00	<input type="checkbox"/>
	ID# CK#	CHARLES ANNROM 2275 110th AVENUE MASONVILLE, IA. 50654		16.00	<input type="checkbox"/>
	ID# CK#	MARSHA MESCHER 119 S. CENTER ST. DUNDEE, IA. 52238		12.00	<input type="checkbox"/>
	ID# CK#	DEB PEYTON 204 E. UNION ST. MANCHESTER, IA 52057		14.00	<input type="checkbox"/>
	ID# CK#	MISC. RECEIPTS		6.00	<input type="checkbox"/>
3/6/07	ID# CK#	KARL GILBERTSON 1609 RAINBOW DRIVE CEDAR FALLS, IA. 50613		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 183.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM

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3/22/07	ID# CK#	MISC. RECEIPTS		\$ 235.00	<input checked="" type="checkbox"/>
	ID# CK#	ARTHUR UNDERWOOD 215 E. 8th ST. VINTON, IA. 52349		20.00	<input checked="" type="checkbox"/>
	ID# CK#	DOUG ROBBINS 144 CLARA AVENUE MANCHESTER, IA. 52057		10.00	<input checked="" type="checkbox"/>
	ID# CK#	CAROLYN WILSON 1847 HONEY CREEK ROAD MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	GARY REEDER 712 TANGLEWOOD DR. MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	KARL GILBERTSON 1609 RAINBOW DRIVE CEDAR FALLS, IA. 50613		20.00	<input checked="" type="checkbox"/>
	ID# CK#	KARL GILBERTSON 1609 RAINBOW DRIVE CEDAR FALLS, IA. 50613		60.00	<input checked="" type="checkbox"/>
	ID# CK#	MARSHA MESCHER 119 S. CENTER STREET DUNDEE, IA. 52038		60.00	<input checked="" type="checkbox"/>
	ID# CK#	DEAN JONES 818 E. UNION ST. MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
	ID# CK#	EARL ZUMBACH 130 WINSLOW DRIVE MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 645.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM

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3/22/07	ID# CK#	DORAN ZUMBACH 3278 110th AVENUE COGON, IA. 52218		\$ 105.00	<input checked="" type="checkbox"/>
	ID# CK#	CLIFF BUNTING 1002 NEW STREET MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
	ID# CK#	JOAN SHEPPARD 406 RIVER STREET MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
4/17/07	ID# CK#	CLIFF BUNTING 1002 NEW STREET MANCHESTER, IA. 52057		60.00	<input type="checkbox"/>
7/20/07	ID# CK#	STEVE HUFF 1219 N. 3rd STREET MANCHESTER, IA. 52057		50.00	<input type="checkbox"/>
7/23/07	ID# CK#	MISC. RECEIPTS		140.00	<input checked="" type="checkbox"/>
	ID# CK#	DOUG ROBBINS 144 CLARA AVENUE MANCHESTER, IA. 52057		10.00	<input checked="" type="checkbox"/>
	ID# CK#	KRIS SUTER 1865 HONEY CREEK ROAD MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	WM. LUX 101 RAYS COURT MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	MARSHA NESCHER 119 S. CENTER STREET DUNDEE, IA. 52038		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 625.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM.

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10/11/07	ID# CK#	ROSEMARY DREES 704 W. HONEY CREEK DRIVE MANCHESTER, IA. 52057		\$ 25.00	<input checked="" type="checkbox"/>
	ID# CK#	FRANK MEAD 2328 245TH ST. DELHI, IA 52223		25.00	<input checked="" type="checkbox"/>
	ID# CK#	R.E. CLARK 200 MCCARREN DRIVE MANCHESTER, IA. 52057		50.00	<input checked="" type="checkbox"/>
	ID# CK#	DAVE TRACEY 1111 GALES AVENUE MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
	ID# CK#	DAY WELTERSEN 104 WOODS EDGE DRIVE EDGEWOOD, IA. 52042		200.00	<input checked="" type="checkbox"/>
	ID# CK#	CHARLES ANKROM 2275 110TH AVENUE MASONVILLE, IA 50654		100.00	<input checked="" type="checkbox"/>
	ID# CK#	JANET HOLDEN 132 EVANS MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
	ID# CK#	RICHARD MCCRABB 914 N. FRANKLIN STREET MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
	ID# CK#	DEAN JONES 818 E. UNION STREET MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
	ID# CK#	MAX ANDREWS 1408 EARLY STAGECOACH RD. MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 900.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COM

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10/11/07	ID# CK#	SHIRLEY HELMICH 1933 255th ST. MANCHESTER, IA. 52057		\$ 100.00	<input checked="" type="checkbox"/>
(ID# CK#	TIM COOPER 825 E. MAIN STREET MANCHESTER, IA. 52057		100.00	<input checked="" type="checkbox"/>
10/9/07	ID# CK#	MISC. RECEIPTS		390.00	<input checked="" type="checkbox"/>
	ID# CK#	DEB PEYTON 204 E. UNION ST. MANCHESTER, IA. 52057		120.00	<input checked="" type="checkbox"/>
	ID# CK#	STEVE KOENEKE 1456 227th AVENUE GREELEY, IA. 52050		120.00	<input checked="" type="checkbox"/>
	ID# CK#	DURAN TIEMENS 1848 195th ST. MANCHESTER, IA. 52057		120.00	<input checked="" type="checkbox"/>
	ID# CK#	ROBERTA MAHONEY 100 HILLSIDE DRIVE OELWEIN, IA. 50662		40.00	<input checked="" type="checkbox"/>
	ID# CK#	CHARLES FLINT 107 GAY STREET DELHI, IA. 52223		40.00	<input checked="" type="checkbox"/>
	ID# CK#	MITCH PEYTON 800 RIDGEWOOD DRIVE MANCHESTER, IA. 52057		40.00	<input checked="" type="checkbox"/>
	ID# CK#	SUSAN MONTAG 817 TANGLEWOOD DR. MANCHESTER, IA. 52057		40.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1,110.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM.

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10/9/07	ID# CK#	DAN DREES 704 W. HONEY CREEK DR. MANCHESTER, IA. 52057		\$ 40.00	<input checked="" type="checkbox"/>
	ID# CK#	CARLA BECKER 901 SHERMAN AVENUE MANCHESTER, IA. 52057		40.00	<input checked="" type="checkbox"/>
	ID# CK#	PHIL TURNIS 1554 190th ST. MANCHESTER, IA. 52057		40.00	<input checked="" type="checkbox"/>
	ID# CK#	GARY REEDER 712 TANGLEWOOD DR. MANCHESTER,		40.00	<input checked="" type="checkbox"/>
	ID# CK#	JOHN LECLERC 617 E. MAIN ST. MANCHESTER, IA. 52057		40.00	<input checked="" type="checkbox"/>
	ID# CK#	VAN ZUCK 941 N. FRANKLIN STREET MANCHESTER, IA. 52057		40.00	<input checked="" type="checkbox"/>
	ID# CK#	JOSH ZUCK 941 N. FRANKLIN STREET MANCHESTER, IA. 52057		40.00	<input checked="" type="checkbox"/>
	ID# CK#	FRANK MEAD 2328 245th ST. DELHI, IA. 52223		40.00	<input checked="" type="checkbox"/>
	ID# CK#	MARCIA INTORF 307 GAY STREET DELHI, IA. 52223		40.00	<input checked="" type="checkbox"/>
	ID# CK#	MARSHA MESCHER 119 S. CENTER STREET DUNDEE, IA 52038		40.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 400.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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10/9/07	ID# CK#	DOUG ROBBINS 144 CLARA AVENUE MANCHESTER, IA. 52057		\$ 40.00	<input checked="" type="checkbox"/>
	ID# CK#	KARL GILBERTSON 1609 RAINBOW DRIVE CEDAR FALLS, IA. 50613		40.00	<input checked="" type="checkbox"/>
	ID# CK#	TERRY GRIFFITH 2143 210th ST. MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	WM. E. LUK 101 RAYS COURT MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	JUDY ELLINGSON 501 E. HOWARD ST. MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	BUNTING ENTERPRISES 1002 NEW STREET MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	SHIRLEY HELMICH 1933 255th ST. MANCHESTER, IA. 52057		20.00	<input checked="" type="checkbox"/>
	ID# CK#	STEVE RATHJE P.O. BOX 9361 CEDAR RAPIDS, IA. 52409-9361		80.00	<input checked="" type="checkbox"/>
	ID# CK#	MARK ODDEN 17893 224th ST. MANCHESTER, IA. 52057		80.00	<input checked="" type="checkbox"/>
	ID# CK#	WM. E. LUK 101 RAYS COURT MANCHESTER, IA. 52057		65.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 405.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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10/9/07	ID# CK#	JAMES CLIFTON P.O. BOX 306 EARLVILLE, IA. 52041		\$ 50.00	<input checked="" type="checkbox"/>
	ID# CK#	BRAD SCHNITZER P.O. BOX 345 DELHI, IA. 52223		50.00	<input checked="" type="checkbox"/>
	ID# CK#	AMY REEDER 716 E. BUTLER ST. MANCHESTER, IA. 52057		25.00	<input checked="" type="checkbox"/>
	ID# CK#	LES CARLSON 301 E. UNION ST. MANCHESTER, IA. 52057		25.00	<input checked="" type="checkbox"/>
	ID# CK#	FRANCES SHOVER-WILSON 2403 OMEGA ROAD DELHI, IA. 52223		25.00	<input checked="" type="checkbox"/>
	ID# CK#	PEG KOENEKE 1456 227th AVENUE GREELEY, IA. 52050		25.00	<input checked="" type="checkbox"/>
	ID# CK#	MARCHEA COOBY 2607 220th AVENUE DELHI, IA. 52223		25.00	<input checked="" type="checkbox"/>
	ID# CK#	LISA ANDREASEN 1724 150th AVE. MANCHESTER, IA. 52057		25.00	<input checked="" type="checkbox"/>
	ID# CK#	CHARLES ANKROM 2275 110th AVENUE MASONVILLE, IA. 50654		60.00	<input checked="" type="checkbox"/>
10/10/07	ID# CK#	MISC. RECEIPTS		110.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 420.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/8/07	ID# CK#	FARMERS & MERCHANTS SAUBR. 101 E. MAIN ST. MANCHESTER, IA. 52057		\$.84	<input type="checkbox"/>
6/12/07	ID# CK#			1.03	<input type="checkbox"/>
7/10/07	ID# CK#			.82	<input type="checkbox"/>
8/4/07	ID# CK#			1.07	<input type="checkbox"/>
9/11/07	ID# CK#			.83	<input type="checkbox"/>
10/9/07	ID# CK#			.89	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 5.48

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/9/07	ID# CK#	STEVE LUKAN P.O. BOX 15 NEW VIENNA, IA 52065		\$ 50.00	<input checked="" type="checkbox"/>
11/16/07	ID# CK#	DORAN ZUMBACH 3278 110 th AVE COGGER, IA. 52218		50.00	<input checked="" type="checkbox"/>
11/13/07	ID# CK#	KRIS SUTTER 1865 HONEY GREEN ROAD MANCHESTER, IA. 52057		100.00	<input type="checkbox"/>
12/11/07	ID# CK#	FARMERS & MERCHANTS SAV BK. 101 E. MAIN ST. MANCHESTER, IA. 52057		1.75	<input type="checkbox"/>
	ID# CK#			1.43	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$203.18

TOTAL (if last page of this schedule)

\$ 5569.03

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/17/07	ID# CK# 1025	DENNIS PESER 1613 330 th STREET COGGER, IA 52218	2006 SCHOLARSHIP	\$ 500.00
3/17/07	ID# CK# 1026	PIZZA RANCH 1100 W. MAIN STREET MANCHESTER, IA 52057	FUNDRAISER MEAL- 43 BREAKFASTS	260.00
4/24/07	ID# CK# 1027	DEL. CO. FAIR SOCIETY FAIR GROUNDS-ARRES ST. MANCHESTER, IA 52057	RENTAL FEE FOR FAIR BOOTH	75.00
7/23/07	ID# CK# 1028	TERRY GRIFFITH 2142 210 th ST. MANCHESTER, IA 52057	GOP BANNER & CANDY FOR PARADES	133.88
7/23/07	ID# CK# 1029	PIZZA RANCH 1100 W. MAIN STREET MANCHESTER, IA 52057	FUNDRAISER MEAL- 20 BREAKFASTS	122.00
9/18/07	ID# CK# 1030	TERRY GRIFFITH 2142 210 th ST. MANCHESTER, IA 52057	STAMPS & ENVELOPES VOTER LIST REIMB.	89.23
4/10/07	ID# CK# 1031	KARL GILBERTSON 1609 RAINBOW DRIVE CEDAR FALLS, IA 50613	LINCOLN DAY DINNER TICKETS	120.00
10/2/07	ID# CK# 1032	MARCIA INTORF 307 GAY STREET DELHI, IA 52223	PAPER SUPPLIES & DECORATIONS FOR FUND RAISER	99.69
SUB-TOTAL				\$ 1399.80
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM.

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/10/07	ID# CK# 1033	MAIN STREET MARKET MANCHESTER, IA	125 MEALS FOR FUNDRAISER	\$ 968.38
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 968.38
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DELAWARE COUNTY REPUBLICAN CENTRAL COMM.

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/21/07	ID# CK# 1034	DELAWARE COUNTY FAIR SOCIETY - FAIRGROUNDS MANCHESTER, IA 52057	RENTAL FEE FOR FUND RAISER	\$ 250.00
10/23/07	ID# CK# 1035	CARLA BECKER MANCHESTER, IA 52057	REIMB RENTAL OF HELIUM TANK	35.31
11/26/07	ID# CK# 1036	DEL. CO. AUDITOR 301 E. MAIN ST. MANCHESTER, IA 52057	11/21/07 LIST OF REGISTERED REPUBLICANS	42.80
12/20/07	ID# CK# 1037	CLIFF BUNTING MANCHESTER, IA 52057	CAUCUS SUPPLIES	24.04
12/20/07	ID# CK# 1038	MANCHESTER PRESS MANCHESTER, IA 52057	2-DISPLAY NOTIFICATION FOR CAUCUS & SITES	168.00
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 520.15

TOTAL (if last page of this schedule) \$ 2,888.33

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)